

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS	AS FILED						AMENDMENT						XVEN IND					
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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